Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives

Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Maine CDC WIC Nutrition Program—Nutrition Assessment

To: _____ Fax: _____

The following may be helpful as you work to achieve positive health outcomes for:

Participant's Name _____ DOB _____

WIC ID#_____ Clinic: _____

Growth	Date				**Comments:**
	Height/length				
	Weight				
	Wt/length %ile				
	BMI/age %ile				

Iron Status	Date				**Comments:**
	Hgb				

Diet and physical activity:

Client Goals and Nutrition Education Provided:

Next WIC visit date:

Client Authorization

- I give the WIC Program permission to send this information to my or my child's doctor.
- The WIC program may talk to my doctor about the information on this form.

_____ _____
Signature Parent/Authorized Representative Date

_____ _____
Signature WIC Program Representative Date